

Biographical Information-Intake Form

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Please fill out this biographical background form as completely as possible. It will help me in our work together. Information is confidential as outlined in the Office Policy form and the HIPAA Notice of Privacy Practices. If you do not desire to answer any question, merely write, "Do not care to answer." Please print or write clearly.

NAME OF PRIMARY CLIENT: _____ **DATE :** _____

DATE OF BIRTH/PLACE: _____ **AGE:** _____

ADDRESS: _____

TELEPHONE: H: _____ **Cell:** _____ **Work:** _____ **Fax:** _____

CAN I LEAVES MESSAGES AT ALL OF THE ABOVE NUMBERS? _____

PERSON & PHONE NO. TO CALL IN EMERGENCY: _____

REFERRAL SOURCE: _____

OCCUPATION AND/OR SCHOOL _____

PRESENTING PROBLEM (be as specific as you can: when did it start, how does it affect you?)

Estimate the severity of above problem: Mild Moderate Severe Very Severe

PAST & PRESENT MARRIAGE/S (years together, names & statement about the nature of the relationship/s, i.e., friendly, distant, physically/emotionally abusive, loving, hostile):

CHILDREN/STEP/GRAND (names/ages & brief statement on your relationship with the person)

1. _____

2. _____

3. _____

PARENTS/STEP-PARENTS (Name/age or year of death/cause of death, occupation, personality,
how did s/he treat you, brief statement about the relationship):

Father: _____

Mother: _____

Step-parents: _____

SIBLINGS (name/age, if dead: age and cause of death & brief statement about the relationship):

1. _____

2. _____

3. _____

4. _____

5. _____

MEDICAL DOCTOR/S (name /phone): _____

ARE YOU ALLEGIC TO OR SCARED OF DOGS? _____

PAST/PRESENT MEDICAL CARE (major medical problems, surgeries, accidents, falls, illness):

SPECIFY MEDICATION you are presently taking and for what. PRINT clearly:

PAST/PRESENT DRUG/ALCOHOL USE/ABUSE (any treatments?)

SUICIDE ATTEMPT/S or VIOLENT BEHAVIOR (describe: ages, reasons, circumstances, how, etc)

FAMILY MEDICAL HISTORY (Describe any illness that runs in the family: cancer, epilepsy, etc):

FRIENDSHIPS, COMMUNITY & SPIRITUALITY (Describe quality, frequency, activities, etc.):

PAST/PRESENT PSYCHOTHERAPY (specify: month year/s (beginning—end), estimated no. sessions, name, degree, phone,, initial reason for therapy, Indiv/Couple/Family, medication, brief description of the relationship and how helpful it was and how/why it ended):

1. _____

2. _____

DESCRIBE YOUR CHILDHOOD IN GENERAL (Relationships with parents, siblings, others, school, neighborhood, relocations, any school/behavioral/problems, abusive/alcoholic parent):

IF PARENTS DIVORCED: Your age at the time: _____ Describe how it affected you at the time:

FAMILY HISTORY OF ALCOHOLISM, MENTAL ILLNESS OR VIOLENCE (including suicide, depression, hospitalizations in mental institutions, abuse, etc.):

ARE YOU INVOLVED IN ANY CURRENT OR PENDING CIVIL OR CRIMINAL LITIGATION/S, LAWSUIT/S OR DIVORCE OR CUSTODY DISPUTE/S? (if you answer Yes, please explain):

What gives you the most joy or pleasure in your life?

What are your main worries and fears?

What are your most important hopes or dreams?

Please add any other information you would like me to know about you and your situation.

